

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044448

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

REG 2 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Newton Jasper**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Joplin**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. John's Hospital**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Newton**c. CITY
OR TOWN **Seneca**Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Sandra Louise Higginbotham4. DATE OF DEATH
Month Day Year
November 24, 1963

5. SEX

Female6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-31-519. AGE (last birthday)
12 yearsIF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Seneca, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Samuel Robert Higginbotham

13b. MOTHER'S MAIDEN NAME

Ruth Garlow

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ruth Higginbotham**Seneca, Mo.**18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basal skull fracture, severeINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Comp. Comm. fract mandible & maxilla

DUE TO (c)

Loc. wound left leg severe.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT. SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

auto accident20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year
11-24-6320d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Route # 43

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Jasper Mo.21. I attended the deceased from **11-24-63** to **11-24-63** and last saw her alive on **11-24-63**
Death occurred at **10** P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Virginia J. Jones M.D.

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-27-63

23c. NAME OF CEMETERY OR CREMATORY

Seneca Cemetery

23d. LOCATION (City, town, or county)

Seneca, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Don R. Housh Seneca Mo

25. DATE RECD. BY LOCAL REG.

11-26-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don R. Housh

Licensed Embalmer No. 5113

P. O. Address

Seneca, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.